



NUGGETS

Confidential

Microfinance Bank
RC 20B5} 3

PASSPORT
PHOTOGRAPH

HERE

ACCOUNT OPENING FORMS

ACCOUNT No. (for official use only)

CUSTOMER ID. (for official use only)

BRANCH _____

Account Type. current Savings fixed De.posit

Acqunt .Cate9ery- Corporate to ividual Point

Account Name _____

This form should be completed in CAPITAL LETTERS using BLOCK FONT. Characters and marks should be similar in style to the following:

A B C v

Title Surname

First Name

Other Name.(s)

Mpther's I laiden Name _____ CenAr QF M

M&rital Status in i*.w t,ck> Sing le Married Other (please specify) Date of Birth

Place of Birth _____ N1VC

Na.tionality _____ Dual Citizenship Yes. No Please State: _____

State pf Origin _____ Lca _____

House No. Street Name

Nearest Bus Stop/
Landmark

City/Town _____

Loca) Govt. Area _____ State _____

HomeTovvm Religion

EMaii Address

Employed Self Employed Unemployed Retired Student Other (please specify) Date of Employment

Employer's Name

Em pto@s/Employment Adctress (Euen if setf employed) _____

Street mom her Street Name _____

City/Town _____

Nearest Bus Stop/
Land mark _____

Local Govt.. Area _____ State _____

Structure of Business Occupation

OKce Phono' Num' ber Fay Number

Title _____ Surname

First Name

Other Name(s)

Relationship _____ Gender F M

Phone Number Date of Birth

House/Unabef Street Name

Nearest Bus Stop

		Signatory Type	Photograph
Title (Mr, Mrs etc)			
Name			
Designation			
Signature			
Title (Mr, Mrs etc)			
Name			
Designation			
Signature			
Title (Mr, Mrs etc)			
Name			
Designation			
Signature			
Authorised Combination		Company Seal/Stamp required	<input type="checkbox"/> YES <input type="checkbox"/> NO

CARDS (Charges Apply)

Verve Debit Card
Maeter Card NGN

INTERNET BANKING

Enquiry Only
Transactions

ALERTS

GMG Alert
(Charges Apply)
Email Alert

OTHERS

Mobile Banking
Email Statement

Statement Preference: Email Collection at Branch Statement Frequency: Monthly Quarterly Semi-Annually Annually

Cheque Book Requisition: (Fee Apply) Opened Cheques Crossed Cheques 50 Leaves 100 Leaves

ACCOUNT OPENING (FOR BANK USE ONLY)

S/N	DOCUMENT OBTAINED	REQUIRED DATE	DATE RECEIVED	N.A
1	Collection of Account Opening Forms			
2	Submission of Account Opening Forms			
3	Identification			
	(a.) Notary's Certificate			
	(b.) International Passport			
	(c.) Drivers' Licence			
	(d.) National ID Card			
4	Verification of Signature			
5	Signature Cards			
6	Passport Photographs			
7	Waived Documentation			
8	What Document is Deffered			
9	Deferral Period			
10	KYC Form			
11	Utility Bill / Receipt			
12	Search Report			
13	Address Verification Form			

Account Officer			
Name:	<input type="text"/>	Sign:	<input type="text"/>
	<input type="text"/>	Date:	<input type="text"/>
		Sign:	<input type="text"/>
		Date:	<input type="text"/>
Customer Service Officer			
Opened by:	<input type="text"/>	Sign:	<input type="text"/>
		Date:	<input type="text"/>

Business Manager:	<input type="text"/>	Sign:	<input type="text"/>
		Date:	<input type="text"/>
Approved By HOP:	<input type="text"/>	Sign:	<input type="text"/>
		Date:	<input type="text"/>
Reviewed By:	<input type="text"/>	Sign:	<input type="text"/>
		Date:	<input type="text"/>